

HABILITATION, GROUP HOME

Service Description (*All Group Homes*)

HP16-00

Services provide a variety of interventions designed to maximize the functioning of persons with developmental disabilities. Services may include, but are not limited to: habilitative therapies, special developmental skills, behavior intervention and sensorimotor development.

Additional Service Description for Community Protection and Treatment

For Division members residing in a group home ~~consumers~~ who are determined by the Division to need Community Protection and Treatment supports, the group home shall also ensure that~~be able to provide~~ the following are provided:

1. A variety of supports designed to maximize the functioning of ~~member~~consumers with intensive behavioral support needs.
2. Measures ~~to be~~ designed and implemented to protect Community Protection and Treatment ~~member~~consumers and others~~as well as the general public~~ from possible harm.
3. Treatments and related supports as determined by the planning team [e.g., Individual Support Plan ("ISP") team] ~~are to be~~ implemented and followed to ameliorate symptoms, disorders, or behaviors that have interfered with the ~~member~~consumer's full inclusion in the community.
4. ~~Assumption of responsibility for assuring C~~continuous ~~responsible~~ supervision of Community Protection and Treatment ~~member~~consumers.
5. ~~Ensure that S~~service delivery captures community strengths and resources and be implemented ~~designed~~ with clear and therapeutic measurable outcomes.
6. ~~Recognition that Community Protection and Treatment~~Time-limited supports ~~are intended to be time limited~~ based on the needs and progress of the ~~member~~person.
7. ~~Service delivery will emphasize P~~positive behavioral supports ~~and high level supervision~~.
8. Compliance with orders issued ~~The consumer will voluntarily, or as directed~~ by the C~~ourts, parole/probation officers, and law enforcement agencies~~ ~~participate and abide by agreed upon restrictions stated in the consumer's ISP.~~

Service Requirements and Limitations (*All Group Homes*)

1. This service ~~shall be~~is provided to ~~member~~consumers in a residential setting who have a variety of needs, including behavioral, physical, and medical challenges. These settings typically serve two (2) to six (6) ~~member~~consumers with supervision needs ranging from

minimal to intense. ~~Consumers may have intense behavioral challenges or may be dually diagnosed; thus requiring highly trained staff.~~

2. This service shall not be provided when the ~~member~~consumer is hospitalized.
3. ~~Provide room and board services.~~ The Qualified Vendor providing this service ~~shall~~must ~~have applied for and been also be~~ awarded the service of Room and Board, All Group Homes, and shall at all relevant times be providing the service of Room and Board, All Group Homes.
4. This service is authorized for the day. ~~A day begins at 12:00 a.m. (midnight) and ends at 11:59 p.m. on the same calendar day. An individual who is present at 11:59 p.m. may be billed for on that calendar day.~~
5. The Qualified Vendor ~~shall~~is not ~~be~~ relieved of ~~its~~their obligation to continue to serve a ~~member~~consumer ~~when~~if the needs of that ~~member~~individual change and a reasonable accommodation can be made by the Qualified Vendor (e.g., staff training, environmental modification).
 - 5.1 When If the member's needs of the consumer change, the Qualified Vendor shall send written notice by email or facsimile to the member's Support Coordinator promptly (within one business day) of the occurrence of the change. The Qualified Vendor shallis obligated to initiate a cooperative planning process with the ~~member's~~ planningISP team to update and ~~revise~~change the ~~member~~consumer's ~~ISP~~planning document, if appropriate. The ~~ISP team will immediately engage~~ Division's Health Care Services staff will be involved when the change if the consumer's needseds ~~is~~are medical in nature.
6. Transportation to school, day programs, and employment services ~~shall be~~are the responsibility of the residential habilitation provider. Other reasonable transportation within the community is also the responsibility of the residential habilitation provider, including fees associated with the transportation.

Service Goals and Objectives

Service Goals (*All Group Homes*)

1. To provide a broad array of support services to promote the physical, emotional, and mental well-being of the ~~member~~consumer.
2. To enable the ~~member~~consumer to acquire knowledge and skills and ~~participate in~~be a ~~valued member of~~ his/her community based on his/her ~~own~~ choices.
3. To provide training and supervision for the ~~member~~consumer to increase or maintain his/her self-help, socialization, and adaptive skills ~~to reside and participate successfully in his/her own community.~~

4. To develop positive relationships ~~with others~~for consumers and their families.
5. To provide opportunities ~~for consumers~~to interact ~~socially~~with ~~others~~family, friends and ~~in~~ the community~~at large, including providing information regarding and facilitating access to community resources.~~
6. To assist the ~~member~~consumer in achieving and maintaining a quality of life that promotes the ~~member~~consumer's vision ~~for of~~the future ~~and priorities.~~
7. To assure the health and safety of all residents~~s-consumers.~~

Additional Service Goals for Community Protection and Treatment Group Home Supports for ~~member~~consumers shall include:

8. Implementing and monitoring a person-centered plan that will minimally consist of the following focuses: (1) a common understanding of the ~~member~~person from a strengths/needs perspective, (2) developing a ~~shared~~-vision of the future that reflects a shared commitment for a quality life for the ~~member~~person, (3) a listing of the opportunities and obstacles for reaching that vision, and (4) a review process for checking progress over time.
9. To provide group home service that incorporates treatment with interventions designed to:
 - 9.1 Provide integrated treatment goals, ~~functional~~-outcomes, and therapeutic interventions that assist the Community Protection and Treatment ~~member~~consumer to function safely in society and avoid offending or re-offending.
 - 9.2 Provide training, therapy, and supervision, whether voluntary or court-ordered, for the Community Protection and Treatment ~~member~~consumer to increase or maintain their self-help, socialization, and adaptive skills to better live successfully in the community and ~~not require more restrictive continue to remain out of prison or psychiatric settings (e.g., incarceration, psychiatric hospital).~~
 - 9.3 Assist the Community Protection and Treatment ~~member~~consumer in defining, achieving and maintaining a quality of life that corresponds to the ~~member~~consumer's vision ~~for of~~the future ~~and priorities.~~
 - 9.4 Inclusion of the ~~member~~consumer in both development and implementation of supports in a manner which is respectful to the ~~member~~consumer, with positive supports and collaboration with both the ~~member~~consumer and team members.
10. To provide group home service and support that are designed to protect the ~~member~~consumer and the community by:

- 10.1 Providing environmental and programmatic safeguards and structures that protect the Community Protection and Treatment ~~member~~consumer as well as other residents, neighbors, and community members from those behaviors that endanger the Community Protection and Treatment ~~member~~consumer, other people or property, and/or interfere with the rights of others. The Qualified Vendor shall ~~be assume the~~responsibility for assuring continuous ~~responsible~~supervision of Community Protection and Treatment ~~member~~consumer(s).
- 10.2 Supporting the ~~member~~consumer to make positive choices to resolve or contain the behaviors that require intensive intervention and supervision, thus reducing the need for protective measures.
- 10.3 Respecting the ~~member~~consumer with positive supports and collaboration with both the ~~member~~consumer and team members.

Service Objectives (All Group Homes)

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with each ~~member~~resident's ~~consumer's~~ planning document (e.g., ISP) ~~processes~~, assist in developing ~~an individualized support plan, including:~~
 - 1.1 ~~Establish H~~habilitation-related ~~service functional~~ outcomes that are based on assessment data and input from the ~~member~~consumer and the ~~member~~consumer's representative(s) which will allow the consumer to achieve his/her long term vision for the future and priorities.
 - 1.2 ~~Develop a~~A specific ~~training/teaching~~ strategy for each ~~habilitative functional~~ outcome within twenty (20) business days after initiating the service for a new placement and within ten (10) business days for a continuing placement and whenever a new outcome is identified for the member. The specific teaching strategy for each outcome shall identify the, e.g., schedule for implementation, frequency of services, teaching strategies, data collection methods, and the steps to be followed to teach the new skill.
 - 1.3 ~~Based upon the presence or absence of measurable progress, make C~~changes to ~~specific functional~~ outcome(s) and/or strategies, as agreed upon by the ~~member's planning~~ISP team, based upon the presence or absence of measurable progress by the member.
2. As identified in each ~~member~~resident's ~~consumer's~~ planning documentISP, provide a broad array of support services such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;

2.2 Implementing strategies to address behavioral concerns, developing behavior support programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;

2.3 Ensuring that the health needs of the ~~member~~~~consumer~~ are being met, including providing follow up as requested by the ~~member~~~~consumer~~'s ~~P~~primary ~~C~~are ~~P~~rovider (~~"PCP"~~)~~physician~~ or medical specialist;

2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting ~~member~~~~consumers~~ in following special diets, exercise routines, or other therapeutic programs;

2.5 Mobility training, alternative, or adaptive communication training;

2.6 ~~Providing G~~eneral supervision ~~to the consumer~~; and

2.7 Opportunities for training and/or practice in basic ~~life~~~~consumer~~ skills such as shopping, banking, money management, access and use of community resources, and community survival skills.

3. Develop, maintain, or enhance independent functioning skills for each ~~member~~~~resident~~~~consumer~~ in sensorimotor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses. In order to fulfill this mandate, basic hygiene, grooming, and first aid supplies shall be available.
4. Assist each ~~member~~~~consumer~~ in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for ~~member~~~~consumers~~ to participate in community activities and facilitate ~~consumer~~-utilization of community resources.
6. Arrange and plan for transportation to support each ~~member~~~~resident~~~~consumers~~ in all daily living activities (~~,-e.g., day treatment and training, employment situations, medical appointments, visits with family and friends, and other community activities),,-ete.~~ Promote, as appropriate, the acquisition of skills necessary to access community transportation resources.
7. Develop, at a minimum, a monthly on-site/community integrated schedule of daily activities and document ~~member~~'~~s~~~~consumers~~ direct input into the schedule. Daily activities and schedules are based on ~~member~~~~consumer~~ choice and preferences, developmental level, ~~planning document~~~~ISP~~ goals, and enrichment of life experiences. Allow for reasonable choice in activity participation and offer alternative activities. This schedule shall be available to ~~member~~~~consumers~~, ~~member~~~~consumer~~ representatives, or others upon request.

8. Play an active role in ensuring that services are complimentary with other involved entities, including day treatment and training providers, health care providers, and schools, and are coordinated to meet the needs of the memberseconsumers served.

Additional Service Objectives for Community Protection and Treatment Group Homes

The Qualified Vendor shall ensure that the following additional objectives are met:

9. Assist the memberconsumer's planningISP team in the development of the Emergency Contact Plan, Risk Assessment and the Discharge/Transition Checklist. Files reviewed during monthly administrative visits at each home shall document the availability of the Emergency Contact Plan and that all other requirements are met at each home.
10. Provide on-site monthly administrative supervision and monitoring to each home.
11. Provide security precautions for protection of neighbors and other community citizens to the extent possible.
12. Provide a structured, specialized environment for memberconsumer.
13. Provide collaboration and coordination with appropriate community resources, such as local government, parole/probation officers, and law enforcement agencies.

Service Utilization Information (*All Group Homes*)

1. Utilization and authorization of services for each site will be determined based on the collective needs of all of the memberseconsumers at that site and will be revised as needs change. The Qualified Vendor is expected to assist the Division in the process for determining the support level to be authorized for the memberseconsumers living in the home. This process should be a cooperative process that includes input from the Qualified Vendor.
2. The amount of direct care staffing authorized for each residence is determined by assessing the collective needs of all members/consumer residents. The authorized staffing for each residence is documented in the "Hab MatrixDirect Staffing Matrix". If the needs of the memberseconsumers change, the Qualified Vendor is obligated to initiate the cooperative planning process with the Division's District Program Manager/designee to revise the "Hab MatrixDirect Staffing Matrix" as appropriate.
3. The ~~DDD~~ District Program ~~Administrator~~/Manager or designee willshall approve any ~~authorized hours in excess of Range 8 on~~ the Daily Rates schedule this servicefor ~~Habilitation, Group Home~~.
4. Scheduled absences shall be reflected in the Direct Staffing Matrix.

5. The Qualified Vendor shall notify the District Program Manager or designee of extended unscheduled absences within forty-eight (48) hours to determine whether the Direct Staffing Matrix needs to be revised.
6. The Qualified Vendor shall notify the member's Support Coordinator of any and all hospitalizations within twenty-four (24) hours of admission, including admission to a behavioral health facility.

Rate Basis (All Group Homes)

1. Published. The published rate is based on one (1) hour of direct service.
2. The Qualified Vendor shall invoice for payment for each ~~member~~~~consumer~~ the *per diem* rate that reflects the number of residents in the group home and the range of hours provided in a week that reflect the lesser of (1) the authorized direct service hours documented on the approved "~~Hab Matrix~~Direct Staffing Matrix", or ~~b~~(2) the actual direct service hours delivered. The Qualified Vendor may calculate the weekly, or may calculate the monthly average of weekly direct service hours at the end of the month for that month.
3. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications (All Group Homes)

Direct service staff must:

1. Have at least three (3) months experience implementing and documenting performance in individual programs (specific training strategies);
2. Have both three (3) months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
3. Perform three (3) months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.
4. Meet all of the staff qualifications, training, and responsibilities specified in Arizona Administrative Code ("A.A.C.") R6-6-808.

Additional Direct Service Staff Qualifications for Community Protection and Treatment Group Homes

Direct service staff must:

4.5. Have access to either direct or consultative staff resources who have been trained and or possess skills in the following:

54.1 Defining both challenging and desired behaviors in observable and measurable terms;

54.2 Describing several strengths of ~~member~~consumers as well as needs and how these relate to challenging behaviors;

54.3 Describing the values of the ~~member~~consumer and how they might contribute to the challenging behaviors;

54.4 Identifying the ~~member~~consumer's most effective learning style;

54.5 Involving the ~~member~~consumer, his/her's family, and ~~supportive~~ others supportive people in the member's life in identifying strengths/needs;

54.6 Identifying the need for the ~~member~~consumer to have an assessment/reassessment to determine if behavioral health needs are being met;

54.7 Training in the recognition and proper response to inappropriate sexual behaviorStaff and/or victim grooming and manipulation techniques;

~~4.8—The therapy “triangle relationship” that can occur;~~

~~4.9—Recognizing emotional responses;~~

~~4.10—Offense patterns;~~

~~54.8~~4.11 Ways to develop mutually respectful and trusting relationships while guarding against potentially manipulative behaviors of program participants;

~~4.12—Awareness of power and control over individuals in a subordinate role;~~ and

~~54.9~~4.13 Principles of positive behavior support and person-centered planning.

5.6. The training curriculum shall be available upon request of Division staff. In addition, the Qualified Vendor shall maintain documentation and training records for all direct care staff that provide this service, and shall be available upon request by Division staff.

6.7. The Qualified Vendor shall ensure that appropriate staff participates in a Division-supported forums designed to assist all Community Protection and Treatment providers in the areas of person-centered planning reviews, ongoing staff training aimed at developing competencies in positive behavioral supports and other therapeutic modalities, clinical oversight, and other supportive ventures.

Recordkeeping and Reporting Requirements (*All Group Homes*)

1. The Qualified Vendor shall maintain a copy of the member's planning document, including ISP and the consumer's risk assessment, on file and make it available to the member/member's representative consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit the teaching strategies that were developed for the member's habilitative outcomes to the member's Support Coordinator for planning team review no later than twenty (20) business days following the initiation of service for a new placement and no later than ten (10) business days for a continuing placement and whenever a new outcome has been identified for the member.
32. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established functional outcomes, within ten (30) days after the close of the month to the consumer's member's Support Coordinator and the member consumer/family/member consumer's representative no later than the tenth (10th) business day following the close of the month.
 - 3.1 At a minimum, the report shall include a written summary describing specific service activities, overall progress specific to planning document outcomes, performance data that identifies the member's progress toward achievement of the established outcomes, and current and potential barriers to achieving outcomes.
43. The Qualified Vendor shall maintain on file member consumer attendance reports.
5. 3. The Qualified Vendor shall maintain daily records on file as and proof of the number of hours worked by each their direct service staff providing direct services to members, e.g., staff time sheets, equivalent documentation, or data system.
63. The Qualified Vendor shall provide results monthly reports of all health care appointments and results to the member's representative responsible party monthly.
75. The Qualified Vendor shall ensure that a log of personal belongings of the member consumers served is maintained and continually updated, and available to the Division and the member/member's representative upon request.
8. 5. The Qualified Vendor shall will maintain a ledger and documentation (e.g., receipts) that accounts for the expenditures of all member funds used and also submit a monthly accounting of expenditures to the member's representative payee consumer's representative a monthly accounting of expenditures per the individual spending plan.
96. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.